POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	37 CFR	revoke all ₁ 3.73(b).	previous powers of attorney	given in the ap	olication identifie	d in the atta	ached statement under	
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	I hereby	appoint:						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name		Practitioners associated with the Customer Number:			84802			
Name Registration Number Name Registration Number Name Registration Number Number Name Registration Number Number Number Name Registration Number Numb				L				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Tratemark Office (USPTO) in connection with any and air patent applications assigned gright to the undersigned according to the USPTO assignment records or assignment documents intended to this form in accordance with 37 CFR 3.73(b). The address associated with Customer Number: 84802 The address associated with Customer Number: 84802 State Zip Country Telephone Email Signal Pharmaceuticals, LLC S50 Towne Centre Court and Diego, California 92121 Accept of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be field in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners application in which this Prever of Attorney is to be filed. Signal Pharmaceuticals, LNC Signal Pharmaceuticals (AND) Signal Pharma	Pra	ctitioner(s) nan	med below (if more than ten patent	practitioners are to	be named, then a cu	stomer numb	er must be used):	
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Tratemark Office (USPTO) in cornection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents intached to this time in accordance with 3° CFR 3.73(b) to: The address associated with Customer Number: 84802			Name	Registration		Name		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patient applications assignmed only to the undersigned according to the USPTO assignment records or assignment documents interested to this flow in accordance with 3 TCR 3.73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Price address associated with Customer Number: 84802 Price	Г						reumous	
and patent apperciated assignment of the user of the u				18				
and patent apperciated assignment of the user of the u								
and patent apperciated assignment of the user of the u						***************************************		
and patent apperciated assignment of the user of the u						***************************************		
Page change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to. Page change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to. Page change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to. Page change the correspondence address for individual Name Address. State	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with							
The address associated with Customer Number: State	attached to	this form in a	ccordance with 37 CFR 3.73(b).	ned according to t	ne USPTO assignme	nt records or	assignment documents	
The address associated with Customer Number: State	Please cha	ange the corres	spondence address for the applicat	on identified in the	attached statement	inder 37 CED	2 72/h) to:	
The address associated with Customer Number Office of the address			,		Citacina Statement	ander 37 CFR	(3.73(0) to:	
OR Firm or Individual Name Address	V	The address associated with Customer Number: 84802						
City Country Telephone Email Sastgnee Name and Address Signal Pharmaceuticals, LLC 550 Townee Centre Court Son Townee Centre Court Son Driego, California 92121 Copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be ledd neach application in which this form its used. The statement under 37 CFR 3.73(b) may be completed by one of need practitioners appointed in this form it was on the statement under 37 CFR 3.73(b) may be completed by one of new practitioners appointed in this form it was one of the statement under 37 CFR 3.73(b) may be completed by one of new practitioners appointed in this form it was one of the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be held read to the practitioners appointed in which this Power of AtM/NUTE of Assignee of Record Telephone Son Telephone Resident Son	OR							
Address City Courtry Telephone Email Ema								
Country Telephone Email Signal Pharmaceuticals, LLC S50 Towne Centre Court san Diego, California 92121 Loopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of we practitioners applicated in this form if the application in report to the statement under 37 CFR 3.73(b) may be completed by one of we practitioners applicated in this form if the application is authorized to act on behalf of the assignee. SiGNATURE of Assignee of Record Definition of the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be done to behalf of the assignee and make the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be one of the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be completed by one of the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be completed to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in the statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in t								
Country Telephone Email ssigner Name and Address: signal Pharmaceuticals, LLC \$50 Towne Centre Court san Diego, California 92121 copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led to each a policitation in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attackers of Record Togandy whose signature and title is supplied below is authorized to act on behalf of the assignee ignature Binature Description of the supplied below is authorized to act on behalf of the assignee ignature Description of the supplied below is authorized to act on behalf of the assignee ignature Description of the supplied below is authorized to act on behalf of the assignee ignature Description of the supplied below is authorized to act on behalf of the assignee ignature Description of the supplied below is authorized to act on behalf of the assignee ignature Description of the supplied below is authorized to act on behalf of the assignee ignature Description of the supplied below is authorized to act on behalf of the assignee ignature. Description of the supplied below is authorized to act on behalf of the assignee ignature.	City			State				
Telephone Email sasgnee Name and Address: signal Pharmaceuticals, LLC 550 Towne Centre Court san Diego, California 92121 copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of he practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record Desinduring whose signature and title is supplied below is authorized to act on behalf of the assignee Branch Weight A.D. Telephone FSS 4558-75500	Country						.ip	
Signal Pharmaceuticals, LLC 550 Towne Centre Court Am Diego, California 92/121 Accept of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be lied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature of Assignee of Record Posindiprifigal whose signature and title is supplied below is authorized to act on behalf of the assignee grants. Signature of Assignee of Record Definition of the A								
Signal Pharmaceuticals, LLC 550 Towns Centre Court 550 Towns Centre 550 Towns Centr	relephon	e			Email			
Signal Pharmaceuticals, LLC 550 Towns Centre Court 550 Towns Centre 550 Towns Centr	Assignee N	lame and Add	Acc.					
550 Towne Centre Court san Diego, California 92121 .copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of se practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record Displacit properties and title is supplied below is authorized to act on behalf of the assignee lignature Date 3 / 19 D F Telephone RS 8 558 7.5500	-							
Copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be led in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of see practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record Definition whose signature and title is supplied below is authorized to act on behalf of the assignee Ignature Date 3/19/09 Telephone 878-558-75600	1550 Tov	vne Centre	Court					
lead in equit application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of lee practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Significantly the application of the assignee of Record prefinding whose signature and title is supplied below is authorized to act on behalf of the assignee light the application of the assignment of the application of the assignment of the application of the assignment of the application of the application of the assignment of the application of the application of the assignment of the application of the applica	San Dieg	o, California	92121					
lead in equit application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of lee practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Significantly the application of the assignee of Record prefinding whose signature and title is supplied below is authorized to act on behalf of the assignee light the application of the assignment of the application of the assignment of the application of the assignment of the application of the application of the assignment of the application of the application of the assignment of the application of the applica	L conv of	this form 4						
we practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record Posindipringly whose signature and title is supplied below is authorized to act on behalf of the assignee lignature Date 3/19/09 Telephone 878-558-7500	nea m ea	ien applicati	on in which this form is used	. The statemen	under 37 CED 3	73(h) may b		
SIGNATURE of Assignee of Record Defindperflag whose signifying and title is supplied below is authorized to act on behalf of the assignee lignature David R. Weight N. D. Telephone R.S558-7-5500	ne practi	tioners appo	Dinted in this form if the appro	inted practition	ar is authorized to	act on bel	haif of the assignee,	
ignature Date 3/9/0 9	and must	ruentily the						
ignature Very Very Very Very Very Very Very Ve	Trefindiy (1) state of Assignee of Record Trefindiy (1) state of Assignee and title is supplied below is authorized to act on behalf of the action behalf o							
ame David R. WES Ch.D. Telephone 858-558-7500	Signature	News	Vurden	Ppinea celow it	onzed to act of		19/04	
	Name	DAVIG	R. WEARPAD				650-550-050-	
	Γitle						020-250-7300	

This collection of information is required by 37 CER 13.1, 13.2 and 13.3. The information is required to other or relates a benefit by the public which is to file (and by the USPTO to process) an application. Confribination by opened by 34 USC, 12 and 37 CER 11.1 and 1.14. This content is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary detection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary detection in the complete application from the USPTO. Time will vary detection in the USPTO. Time will vary detection in the USPTO. Time will vary detection to the Certain Comments on the about off times yet or complete the use of the USPTO. The US

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Signal Pharmaceuticals, Inc.							
Application No./Patent No.: 09/134,771 Filed/Issue Date: August 12, 1998							
Entitled:							
Signal Pharmaceuticals, Inc, a Corporation							
() pe en mangines, org., comparation, part	nership, university, government agency, etc.)						
states that it its: 1. ☑ the assignee of the entire right, title, and interest; or							
an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)							
in the patent application/patent identified above by virtue of either:							
A. X An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded							
in the United States Patent and Trademark Office at Reel 009537 , Frame 0520 , or for which a copy thereof is attached.							
OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:							
To: To The document was recorded in the United States Patent and Trademark Office at							
Reel, Frame, or for which a copy thereof is attached.							
From:							
Reel, Frame, or for which a copy thereof is attached.							
3. From: To:	out to analytical						
The document was recorded in the United States Patent and Trademark Office at							
Reel, Frame, or for which a copy thereof is attached.							
Additional documents in the chain of title are listed on a supplemental sheet.							
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment							
Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]							
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.							
anthony M. luga, Roy No. 35,203; Thin J. Byron, Rey, No. 47, 458	April 6, 2009						
Signature	Date						
Anthony M. Insogna, Reg. No. 35,203	858-314-1200						
Printed or Typed Name	Telephone Number						
Attorney of Record							
Title							

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or return a benefit by the public which is to file (and by the USFF) of processing an application. Confidentially is promoted by 58 U.S.C. 122 and 37 CFR 1.11 and 1.4. This collection is estimated to last it 2 mutuals to complete, including gathering, preparing, and submitting the completed application form to the USFFIO. Time will be completed application form to the USFFIO. Term will be common to the use of the use of the USFFIO. The confidence of the USFFIO. The

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.